

in Douglas's pouch. The patient was in collapse when admitted to the hospital. A few days later, after bearing-down pains, she expelled deciduous membrane. She was subject, however, to several attacks of hemorrhage and collapse, and the tumor grew steadily until it extended to within an inch of the umbilicus. Upon opening the abdomen, a large sac was found adherent to the peritoneum. Placental tissue and a fœtus of about four months were removed. The sac was cleared and washed out, and packed with gauze. The gauze was removed in less than two days after the operation, and a drainage-tube inserted. Between two and three days after the operation the patient died of collapse. On post-mortem it was found that hemorrhage had taken place into the bottom of the sac, and an ante-mortem clot was found in the heart.

ECLAMPSIA IN MOTHER AND CHILD.

An interesting case of this rare condition is reported from Schauta's clinic in Vienna by WOYER (*Centralblatt für Gynäkologie*, 1895, No. 13). The patient was a primipara, and was admitted to the hospital partially comatose and suffering from eclamptic convulsions. Labor was hastened by an elastic dilator, and the child delivered by version; it was asphyxiated, but was resuscitated. The mother made a gradual recovery, and left the hospital two weeks afterward. Five hours after birth the child was taken with eclampsia, accompanied by tracheal râles and impaired respiration. The pulse rose to 144. In all the child had four convulsions at intervals of an hour or two, and died cyanotic with heart-failure after the fourth. The post-mortem examination showed acute œdema of the lungs as the only lesion present. Bacteriological examination of the various organs and examination of the urine found in the child's bladder gave negative results. The few cases of infantile eclampsia on record have ended fatally.

INDUCED LABOR FOLLOWING CÆSAREAN SECTION.

In the *Centralblatt für Gynäkologie*, 1895, No. 6, SCHLAEFFER reports the case of a woman, aged twenty-seven years, with contracted pelvis, who was delivered by Cæsarean section. Several months after the operation she had marked hemorrhage at the time of menstruation, and the uterus was curetted, with the extraction of several silk sutures. She subsequently conceived, and came to the clinic at Zurich at the end of the ninth month. She was found to have a simple, flat pelvis, in which the fœtus could not be made to engage. Labor was at once induced, and dilatation completed by elastic dilators. Version was performed before the membranes were ruptured, the patient placed in Walcher's position, and delivered by extraction. The child was asphyxiated, but revived. The uterus contracted well, the scar of the Cæsarean section being plainly felt upon the anterior surface; it was not adherent to the abdominal wall. Mother and child made a good recovery.

THREE CASES OF RENAL DISEASE DURING PREGNANCY.

In the *Practitioner* for February, 1895, HERMAN, of London, considers that there are two forms of renal disease, an acute and a chronic, which affect

pregnant patients. The first case was that of a multigravida, suffering from oedema, and without disease of the heart, without convulsions, and without neuritis or retinitis. Labor was induced, and a living child delivered. The patient had three rigors, followed by fever after delivery, but made a speedy recovery. The patient's urine contained an abundance of albumin, which rapidly diminished under rest, and entirely passed away after delivery. The albumin was serum-albumin. The patient made a good recovery.

The second case was that of a multigravida, who woke from sleep with severe pain in the head, and became unconscious. There was no oedema. She had double optic neuritis, and her mental condition was abnormal. Under rest and appropriate treatment her symptoms disappeared. Her pregnancy was uninterrupted.

Herman's third case is that of a primigravida, who also woke feeling very sick with headache, and with her hands clenched. She was four months advanced in pregnancy. The albumin in her urine steadily disappeared, the urine being without casts. Chronic pyelitis was found to be present, and, as this would not be benefited by the induction of labor, the pregnancy was allowed to continue without interruption.

GYNECOLOGY.

UNDER THE CHARGE OF

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THE TECHNIQUE OF TOTAL EXTIRPATION OF THE UTERUS.

MACKENRODT (*Centralblatt für Gynäkologie*, 1895, No. 6) believes that hysterectomy as a curative procedure in carcinoma of the uterus has a limited field of usefulness, and that it is only by a close study of the indications that the results can be improved. Since the object of palliative treatment is to preserve the patient's life and to relieve her sufferings as long as possible, all dangerous means to attain this end are unjustifiable. The object of the radical operation is to cure. Coeliotomy offers a better prospect of removing all the disease than the vaginal operation, because the surgeon is able to observe the condition of the broad ligaments and to place his sutures beyond the diseased portions. Even in cases of incipient carcinoma of the portio, combined vagino-abdominal extirpation is the more certain procedure, while the mortality in the writer's hands has been but little greater than in the vaginal.

Another important argument in favor of the abdominal method is the possibility of avoiding the danger of infecting healthy tissues by the use of the cautery.

The writer sees no advantage in the use of clamps, but thinks that in complicated cases they increase the danger of the operation. Morcellation of the cancerous uterus is objectionable, because of the risk of infection.